

## TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION TENNESSEE STATE PARKS



## **CAMPGROUND HOST APPLICATION**

	Date
Name(s)	
Permanent or	
City	State Zip
Preferred Telephone  Home  Work  Cell  Home	E-mail
Dates available to volunteer:	to
Hosts must serve a minimum of one month and no more	e than nine consecutive months within a 12-month period at any one park.
Select parks of interest in order of preference:	
1) 2)	3)
Type of camping unit	Length of unit
Minimum amps Other Considerations	
Will you have a pet? ☐ Yes ☐ No If yes, type a	nd breed
	of rabies vaccination required
How many years have you been a camper?	
If yes, please describe when and where	
Are you retired? ☐Yes ☐No If more than one applicar	nt, is that person retired? Tyes TNo
Occupation (Current or Past)	
Will other family members be residing with you full-time at yo	
If yes, list the name and relationship of the individual(s) to y	ou

Driver's License Number (s)		Issuing State
Expiration Date(s)		
Do you speak any language other than English? ☐Y	es □No If yes, what lar	nguage(s)?
List your specific outdoor interests and/or hobbies (bir	ding, hiking, fishing, etc.)	
List any other skills or talents you have that would be degrees or certifications, public speaking, etc.)	e beneficial to park progra	amming and/or activities (graphic design, photography,
Have you ever been charged or convicted of a misd	lemeanor or felony? ☐Y	res 🗆 No
If yes, tell us the nature of the offense(s), city and stat	e of prior arrests and convi	ctions
List three persons not related to you as references		
1) Name	Relationship	Phone
2) Name	_ Relationship	Phone
3) Name	_ Relationship	Phone
	y if they unintentionally i participating in an autho	njure another person or damage someone else's prized volunteer activity.
Volunteers are not eligible for	or workers' compensatio	on benefits from the State of Tennessee.
Acceptance as a Ter	nnessee State Park Cam	apground Host is not guaranteed.
🖠 All volunteers serve a	at the discretion of Tenno	essee State Parks management.
background investigation. I certify that all inf	formation contained in t	al security number(s) at a later date to complete a this application is true and correct. Further, I/we ided and complete a background check.
Applicant's Signature		Date
Applicant's Signature		Date